

**Department of Human Resource Management**  
**Personnel Development Services**  
**VCPM Registration Form**  
Fax: (804) 786-9127 Phone: (804) 225-2157  
Internet Address: <http://www.dhrm.state.va.us/train.htm>

Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Race/Ethnicity: (optional)

☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ American Indian

Social Security No.\* \_\_\_\_\_

\*Used as a unique code to track your transcripts. If you prefer, you may use your Driver's License number as a substitute.

Agency / Organization: \_\_\_\_\_ Agency Code: \_\_\_\_\_

Address: \_\_\_\_\_ Floor/ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Region: ☐ North ☐ South ☐ East ☐ West ☐ Central

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Pay Band: \_\_\_\_\_

Check all that apply: Manager: ☐ Supervisor: ☐ State Gov: ☐ Local Gov: ☐ Federal Gov: ☐  
Other: ☐ (specify) \_\_\_\_\_

Describe special accommodations needed, if applicable \_\_\_\_\_

Approving Manager / Supervisor: \_\_\_\_\_

*By signing this application, I, as manager/supervisor agree to the course and project time commitment for this employee to participate in the CPM Program curriculum. I also agree to the financial commitment of this agency for said employee's enrollment in the CPM Program.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Billing Information**

Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Agency / Organization \_\_\_\_\_ Agency Code: \_\_\_\_\_

Address: \_\_\_\_\_ Floor / Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Goal Statement:** The CPM Program includes coursework minimally at the undergraduate college level as well as projects to allow practical application of the knowledge skills and techniques presented in the classes. To ensure appropriate placement, please attach a brief statement (50 words or less) of what you want to accomplish as a result of completing this program. Please be as specific as possible.

**Applicant agrees to the procedures as outlined in the CPM course description for the completion of all requirements for CPM certification and to the release of completion information to appropriate supervisors and the CPM National Consortium .**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Procedures:**

**Registration:** Forms must be received three (3) weeks before the course begins.

**Confirmation:** Participants will be notified via email prior to the workshop. If no email is listed, you will be notified via fax.

**Billing:** *There is an application fee of \$ 25 which will be applied to the cost of tuition.* PDS will IAT state agencies. Local government and other participants must submit a check with the application.

**Cancellation:** All cancellations must be in received in writing and agencies will be billed when participants cancel less than 10 business days or do not attend class.

**Mail Registration:** To mail your registration form send to:

Department of Human Resource Management  
Personnel Development Services - Registration  
101 N. 14<sup>th</sup> Street, 12<sup>th</sup> floor  
Richmond, VA 23219

\_\_\_\_\_ Please check if you want information concerning training location accessibility.